

\* Spoke with Richard Portuese today. Informing him of the samples not taken & the water consumptions from Little Falls. He stated John Sabo handles this company & he will call back once he spoke with him.

A. J. J.  
3/22/07

PASSAIC VALLEY SEWERAGE COMMISSIONERS  
APPLICATION FOR A SEWER USE PERMIT

SECTION A

Pending  
4/3/07

1. Company Name: ACTAVIS TOTOWA, LLC.
2. Permit Number if applicable: NA
3. Location: 990 RIVERVIEW DRIVE, TOTOWA NJ 07512  
Zip Code: \_\_\_\_\_
4. Mailing Address: SAME  
Zip Code: \_\_\_\_\_
5. Person to contact concerning information provided in this application:  
Name of Contact Official: RICHARD PORTUESE  
Title: EHS MANAGER Phone No.: 973-890-1440 (x 3088)  
Address: SAME Zip code: \_\_\_\_\_
6. Number of Employees – Full Time: 200 Part Time: 0  
Number of Work Days Per Year: 300  
Number of Shifts Per Day: 1 - 2
7. If property is owned indicate block and lot number(s): N/A  
Assessed Value: N/A
8. If property is rented indicate name and address of owner: 990 Riverview Drive LLC  
P.O. Box 287, Totowa, NJ 07512
- Total square feet rented: 107,000
9. List NJPDES Permit Number if applicable, NA and  
Name of receiving Body of Water entered \_\_\_\_\_

INDUSTRIAL		
81100	81150	81200
MAR 11 2007		
81250	82050	82100



**SECTION B (continued)**

14. Process wastewater which is discharged as above is metered as follows:

To the Separate Sanitary Sewer	Y - N
To the Combined Sewer	Y - N
To the Storm Sewer	Y - N
River or Ditch	Y - N

15. Waste hauler information: List all firms and/or independent contractors used to remove process waste or sludge from this facility

Contractor	Address	Icc #	Waste type handled
SDS, Inc.	Mountain Lakes, NJ		Laboratory Waste
			Floor Sweepings

**SECTION C****OPERATIONAL CHARACTERISTICS**

16. Discharge of Industrial Waste is continuous \_\_\_\_\_  
or intermittent XXX each operating day.

If the discharge is intermittent, it occurs between the following hours: 7:30 – 4:30

17. Brief description of Manufacturing or other activity performed: Actavis produces  
Generic drugs. Operations include material handling, formulation, mixing, lab analysis,  
packaging, QA/QC, etc.

List SIC CODE #: 2834

18. Principal Raw Materials used: Guafenasine, Ferrous Fumurate, Cyclandelate,  
Phenylpropanolamine, Clorzoxazone, Acetominophen, Lactose, Sucrose

19. Principal Products or Services: Various Generic drugs

20. Describe seasonal variations, if significant, giving dates, volumes, rates, hours, etc.

Include variations in product lines which affect waste characteristics: Variations in product lines are dictated by market demands & may affect wastewater volume

Does this facility shutdown for vacation(s)? NO If so, is it basically the same time each year. \_\_\_\_\_ Provide dates usually shutdown \_\_\_\_\_

### **SECTION D**

#### **MONITORING**

21. Describe any pretreatment process or effluent monitoring system in use:

Outlet 1 N/A

Outlet 2 N/A Sanitary only

Outlet \_\_\_\_\_

22. Sampling information:

<b><u>Outlet</u></b>	<b><u>Contains Industrial Waste</u></b>	<b><u>Sampler Type</u></b>	<b><u>Refrigerated</u></b>
1	Yes	Peistalic Composite	Yes
2	No	N/A	

**SECTION D (continued)**

## 23. Volume Information:

<u>Outlet</u>	<u>Daily Flow</u> <u>(Gallons)</u>	<u>Metered</u> <u>(Y - N)</u>	<u>Type</u>	<u>Date</u>
1	1,473 *	main incoming minus sanitary usage		
2	4,000 *	3 internal water meters		

24. Frequency of calibration of each flow meter: NA

## 25. Attach plot plan of the property showing:

- (a) all existing or proposed sewer and drain lines (including outlets to a storm sewer, river or ditch);
- (b) sample point(s); Monitoring or Pretreatment Equipment; Incoming meter(s); Well meter(s); Internal meter (s); Flowmeter(s).
- (c) details of the connection(s) to the municipal (or PVSC) sewer, including the distance and direction of each connection from the nearest street intersection.

**SECTION E****ANALYSIS OF INDUSTRIAL WASTE TO BE PROVIDED AFTER START UP**

26. Analysis for Industrial Waste must be a proper sample taken for each outlet.

OUTLET NO. 1

Report to the nearest unit: XX. Except where indicated with (1) Example: 15 mg/l			Report to the nearest hundredth: 0.XX Except where indicated Example: 0.36 mg/l		
<u>Code</u>	<u>Parameter</u>	<u>Value</u>	<u>Code</u>	<u>Parameter</u>	<u>Value</u>
0200*	Radioactivity (PL-1)		1097*	Antimony (Sb)	
0500	Total Solids		1002*	Arsenic (As)	
0505	Volatile Solids		1022*	Boron (B)	
0530	Total Suspended Solids		1027	Cadmium (Cd)	
0540	Volatile Suspended Solids		1034*	Chromium Total (Cr)	
0555	(1)(3) Petroleum Hydrocarbons		1042	Copper (Cu)	
0310	Biochemical Oxygen Demand (BOD)		1045*	Iron (Fe)	
			1051	Lead (Pb)	
0340	Chemical Oxygen Demand (COD)		0720*(3)	Cyanide (Cn)	
			1900	Mercury (Report to 0.XXX)	
0680	Total Organic Carbon (TOC)		1067	Nickel (Ni)	
			1147*	Selenium (Se)	
9000	pH(standard unit range)		1077*	Silver (Ag)	
0610	(1) Ammonia as N		1102*	Tin (Sn)	
0550	(1)(3) Total Oil & Grease		1092	Zinc (Zn)	
0745*	(1) Sulfide		2730	Phenol	
0507*	(1) Ortho Phosphates as P		4053*	Pesticides (Report to 0.XXX)	
0625*	(1) Kjeldahl N as N				
9998*	(2)(3) TTO (Report to 0.XXX)		9999*(3)	TTVO (Report to 0.XXX)	

## FOOTNOTES:

- (1) Report results to the nearest tenth, i.e., 1.6 mg/l.  
 (\*) Analyze for this if reasonably expected to be present in the discharge unless otherwise exempted.  
 (2) See instructions.  
 (3) Grab sample required

Rev: 1/87  
 8/89  
 7/90  
 9/94  
 8/95  
 11/95  
 07/98

**SECTION E (continued)**

Samples collected by: ENVIRO-COMP, INC.

Date: \_\_\_\_\_

Sample analyzed by: Integrated Analytical Laboratories

Date: \_\_\_\_\_

Products being manufactured when sample was collected: Generic Drugs

27. Who performs the analyses of the samples for User Charge? \_\_\_\_\_

Integrated Analytical Laboratories

28. Is the Laboratory certified by NJDEP to conduct all the analyses? Y - N Yes

29. Who performs the analyses of the samples for the Pretreatment Parameters?

Integrated Analytical Laboratories

If monitoring has not commenced for Pretreatment, indicate Laboratory you plan to use. If unknown, so state:

30. Is the Laboratory certified by NJDEP to conduct all the required Pretreatment analyses?

Y - N Yes

31. Based upon knowledge of materials and processes used at this facility check the appropriate box that best describes the potential that a Priority Pollutant, listed on Tables 1,2 & 3 is present in your discharge.



**SECTION F****PRETREATMENT**

32. Industrial Category: 40 CFR 439 – Pharmaceutical Manufacturing  
 Subpart (s): D: Mixing, Compounding & Formulation Operations
33. Compliance date(s): 10/27/86 & 9/21/01
34. Is facility in compliance? N/A If not, and if compliance date has passed,  
 explain actions being taken to get into compliance: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
35. Date Baseline Monitoring Report (BMR) submitted to PVSC: \_\_\_\_\_
36. Compliance schedule submitted: NA  
 If yes is facility on schedule? \_\_\_\_\_ Explain if compliance date will not be met:  
 \_\_\_\_\_  
 \_\_\_\_\_
37. Does this facility come under the Resource Conservation and Recovery Act (RCRA)?  
 If yes, describe Yes – dispose of laboratory waste
38. Does this facility have a Spill Prevention Control and Countermeasures (SPCC) plan?  
 If yes, describe No
39. Has NJDEP or EPA ever cited this facility for a violation of State or Federal  
 Regulations for the nature of its wastewater discharge? Y - N No
40. Is this facility under an ISRA Clean up? No If so, has a plan been approved by  
 NJDEP: \_\_\_\_\_
- Is there any plan to discharge groundwater?  
 \_\_\_\_\_  
NA

**CERTIFICATION\*:**

The information contained in this application is familiar to me and, to the best of my knowledge and belief, such information is true, complete and accurate.

If the applicant is a corporation, a corporate resolution is attached granting me the authority to sign the application on behalf of the corporation.


Name of signing official:

Divya Patel

\_\_\_\_\_  
Print Name

TITLE: Partner, Actavis Totowa, LLC

March 9, 2007  
DATE

  
SIGNATURE

\*APPLICATION MUST BE SIGNED BY ONE OF THE FOLLOWING:

- a. Principal Officer of Corporation
- b. President or Owner of Company
- c. General Partner if a Partnership
- d. Plant Manager or Authorized Representative

**TABLE 1 EPA PRIORITY POLLUTANTS****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
Acenaphthene			✓		2,4 dimethylphenol			✓	
acrolein			✓		2,4 dinitrotoluene			✓	
acrylonitrile			✓		2,6 dinitrotoluene			✓	
benzene			✓		1,2 diphenylhydrazine			✓	
benzidine			✓		ethylbenzene			✓	
carbon tetrachloride (tetrachloromethane)			X		fluoranthene			✓	
chlorobenzene			✓		4-chlorophenyl phenyl ether			✓	
1,2,4-trichlorobenzene			✓		4-bromophenyl phenyl ether			✓	
hexachlorobenzene			✓		bis(2-chloroisopropyl) ether			✓	
1,2 dichloroethane			✓		bis(2-chloroethoxy) methane			✓	
1,1,1 trichloroethane			✓		methylene chloride(dichloromethane)			X	
hexachloroethane			✓		methyl chloride (chloromethane)			X	
1,1,dichloroethane			✓		methyl bromide (bromomethane)			X	
1,1,2 trichloroethane			✓		bromoform(tribromomethane)			✓	
1,1,2,2 tetrachloroethane			✓		dichlorobromomethane			✓	
chloroethane			✓		trichlorofluoromethane			✓	
bis(chloromethyl) ether			✓		dichlorodifluoromethane			✓	
Bis(2 chloroethyl) ether			✓		chlorodibromomethane			✓	
2-chloroethyl vinyl ether mixed			✓		hexachlorobutadiene			✓	
2-chloronaphthalene			✓		hexachlorocyclopentadiene			✓	
2,4,6, trichlorophenol			✓		isophorone			✓	
parachlorometa cresol			✓		naphthalene			✓	
Chloroform (trichloromethane)			✓		nitrobenzene			✓	
2 chlorophenol			✓		2-nitrophenol			✓	
1,2, dichlorobenzene			✓		4-nitrophenol			✓	
1,3, dichlorobenzene			✓		2,4-dinitrophenol			✓	
1,4, dichlorobenzene			✓		4,6 dinitro-o cresol			✓	
3,3, dichlorobenzidine			✓		N-nitrosodimethylamine			✓	
1,1,dichloroethylene			✓		N-nitrosodiphenylamine			✓	
1,2 trans-dichloroethylene			✓		N-nitrosodi-n-propylamine			✓	
2,4,dichlorophenol			✓		pentachlorophenol			✓	
1,2, dichloropropane			✓		phenol			✓	
1,3, dichloropropylene			✓						
(1,3 dichlor propene)			✓						

- A. KNOWN TO BE PRESENT**  
**B. SUSPECTED TO BE PRESENT**  
**C. KNOWN TO BE ABSENT**  
**D. SUSPECT TO BE ABSENT**

**TABLE 1 EPA PRIORITY POLLUTANTS (continued)****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
bis(2-ethylhexyl) phthalate			v		Endrin			v	
butylbenzylphthalate			v		Endrin aldehyde			v	
di-n-butylphthalate			v		Heptachlor			v	
di-n-octylphthalate			v		Heptachlor (epoxide)			v	
diethylphthalate			v		BHC Alpha			v	
dimethylphthalate			v		BHC Beta			v	
benzo(a)anthracene			v		BHC Gamma			v	
benzo(a)pyrene			v		BHC Delta			v	
3,4 benzofluoranthene			v		PCB1242			v	
benzo(k) fluoranthene			v		PCB1254			v	
chrysene			v		PCB1221			v	
acenaphthylene			v		PCB1232			v	
anthracene			v		PCB1248			v	
benzo(ghi)perylene			v		PCB1260			v	
fluorene			v		PCB1016			v	
phenanthrene			v		toxaphene			v	
dibenzo (a,h) anthracene			v		antimony(total)			v	
indeno (1,2,3-c,d) pyrene			v		arsenic (total)			v	
pyrene			v		asbestos (fibrous)			v	
tetrachloroethylene			v		beryllium (total)			v	
toluene			v		cadmium (total)			v	
trichloroethylene			v		chromium (total)			v	
vinyl chloride			X		copper (total)		X		
aldrin			X		cyanide (total)			X	
dieldrin			X		lead (total)		X		
chlordane			X		mercury (total)				X
4,4 DDT			X		nickel (total)			X	
4,4, DDE			X		selenium (total)			X	
4,4, DDD			v		silver (total)			v	
endosulfan 1			X		thallium (total)			X	
endosulfan 11			X		zinc (total)		X		
endosulfan sulfate			X		2,3,7,8, tetrachlorodibenzo			X	
					p-dioxin			X	

- A. KNOWN TO BE PRESENT**  
**B. SUSPECTED TO BE PRESENT**  
**C. KNOWN TO BE ABSENT**  
**D. SUSPECT TO BE ABSENT**

**TABLE 2 NJDEP EXPANDED PRIORITY POLLUTANTS****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acrylamide			<input checked="" type="checkbox"/>		n,n-dimethyl aniline			<input checked="" type="checkbox"/>	
amitrole			<input checked="" type="checkbox"/>		3,3-dimethyl benzidine			<input checked="" type="checkbox"/>	
amyl alcohols			<input checked="" type="checkbox"/>		1,1-dimethylhydrazine			<input checked="" type="checkbox"/>	
aniline hydrochloride			<input checked="" type="checkbox"/>		dioxane			<input checked="" type="checkbox"/>	
anisole			<input checked="" type="checkbox"/>		diphenylamine			<input checked="" type="checkbox"/>	
auramine			<input checked="" type="checkbox"/>		ethylenimine			<input checked="" type="checkbox"/>	
benzotrichloride			<input checked="" type="checkbox"/>		hydrazine			<input checked="" type="checkbox"/>	
benzylamine			<input checked="" type="checkbox"/>		4,4-methylene bis			<input checked="" type="checkbox"/>	
			<input checked="" type="checkbox"/>		(2-chloraniline)			<input checked="" type="checkbox"/>	
o-chloroaniline			<input checked="" type="checkbox"/>		4,4-methylenedianiline			<input checked="" type="checkbox"/>	
m-chloroaniline			<input checked="" type="checkbox"/>		methyl isobutyl ketone			<input checked="" type="checkbox"/>	
p-chloraniline			<input checked="" type="checkbox"/>		alpha-naphthylamine			<input checked="" type="checkbox"/>	
1-chloro-2-nitrobenzene			<input checked="" type="checkbox"/>		beta-naphthylamine			<input checked="" type="checkbox"/>	
1-chloro-4-nitrobenzene			<input checked="" type="checkbox"/>		n-methylaniline			<input checked="" type="checkbox"/>	
chloroprene			<input checked="" type="checkbox"/>		1,2- phenylenediamine			<input checked="" type="checkbox"/>	
chrysoidine			<input checked="" type="checkbox"/>		1,3- phenylenediamine			<input checked="" type="checkbox"/>	
cumene			<input checked="" type="checkbox"/>		1,4-phenylenediamine			<input checked="" type="checkbox"/>	
2,3-dichloroaniline			<input checked="" type="checkbox"/>		sudan 1 (solvent yellow 14)			<input checked="" type="checkbox"/>	
2,4-dichloroaniline			<input checked="" type="checkbox"/>		thiourea			<input checked="" type="checkbox"/>	
2,5-dichloroaniline			<input checked="" type="checkbox"/>		toluene sulfonic acids			<input checked="" type="checkbox"/>	
3,4-dichloroaniline			<input checked="" type="checkbox"/>		toluidines			<input checked="" type="checkbox"/>	
3,5-dichloroaniline			<input checked="" type="checkbox"/>		xylidines			<input checked="" type="checkbox"/>	
1,3-dichloropropene			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	
1,3-dimethoxybenzidine			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	

- A. KNOWN TO BE PRESENT**  
**B. SUSPECTED TO BE PRESENT**  
**C. KNOWN TO BE ABSENT**  
**D. SUSPECT TO BE ABSENT**

**TABLE 3 EPA HAZARDOUS SUBSTANCES****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acetaldehyde			v		Isopropanolamine			v	
allyl alcohol			v		Kelthane			v	
allyl chloride			v		Kepone			v	
amyl acetate			v		Malathion			v	
aniline			v		Mercaptodimethur			v	
benzonitrile			v		Methoxychlor			v	
benzyl chloride			v		methyl mercaptan			v	
butyl acetate			v		methyl methacrylate			v	
butylamine			v		methly parathion			v	
captan			v		Mevinphos			v	
carbaryl			v		Mexacarbate			v	
carbofuran			v		Monoethylamine			v	
carbon disulfide			v		Monomethylamine			v	
chlorpyrifos			v		Naled			v	
coumaphos			v		napthenic acid			v	
cresol			v		Nitrotoluene			v	
crotonaldehyde			v		Parathion			v	
cyclohexane			X		Phenolsulfanate			X	
2,4-D (2,4-dichlorophenoxy)			v		Phosgene			v	
acetic acid			v		Propagrite			v	
diazinon			v		propylene oxide			v	
dicamba			v		Pyrethrins			v	
dichlobenil			v		Quinoline			v	
dichlone			v		Resorcinol			v	
2,2-dichloropropionic acid			v		Strontium			v	
dichlorvos			v		Strychnine			v	
diethylamine			v		Stryrene			v	
dimethylamine			v		2,4,5-T (2,4,5-trichloro- phenoxy acetic acid)			v	
dinitrobenzene			v		TDE (tetrachloro- Diphenylethane)			v	
diquat			v		2,4,5-TP 2(2,4,5- Trichlorophenoxy			v	
disulfoton			v		Trichlorofon			v	
diuron			v		Triethylamine			v	
epichlorohydrin			v		Trimethylamine			v	
					propanoic acid			v	

- A. KNOWN TO BE PRESENT**  
**B. SUSPECTED TO BE PRESENT**  
**C. KNOWN TO BE ABSENT**  
**D. SUSPECT TO BE ABSENT**

**TABLE 3 EPA HAZARDOUS SUBSTANCES (continued)****CHECK APPROPRIATE BOX**

<u>NAME</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
ethanolamine			<input checked="" type="checkbox"/>		uranium			<input checked="" type="checkbox"/>	
ethion			<input checked="" type="checkbox"/>		vanadium			<input checked="" type="checkbox"/>	
ethylene diamine			<input checked="" type="checkbox"/>		vinyl acetate			<input checked="" type="checkbox"/>	
ethylene dibromide			<input checked="" type="checkbox"/>		xylene			<input checked="" type="checkbox"/>	
formaldehyde			<input checked="" type="checkbox"/>		xlenol			<input checked="" type="checkbox"/>	
furfural			<input checked="" type="checkbox"/>		zirconium			<input checked="" type="checkbox"/>	
guthion			<input checked="" type="checkbox"/>						
isoprene			<input checked="" type="checkbox"/>						

- A. KNOWN TO BE PRESENT**  
**B. SUSPECTED TO BE PRESENT**  
**C. KNOWN TO BE ABSENT**  
**D. SUSPECT TO BE ABSENT**

## SUPPLEMENTAL SEWER USE APPLICATION QUESTIONNAIRE

The following questionnaire must be completed and submitted by all industrial and tax-exempt users making application for a SEWER USE PERMIT. The purpose of this questionnaire is to identify the correct name and address of the applicant and all individuals and entities owning 10% or more of the applicant. This will assist the PVSC by providing necessary information for service of notices, bills and other documents upon the applicant, for service of process as well as the individual to be contacted in the event of an emergency.

BY SIGNING THIS APPLICATION THE APPLICANT IS ACKNOWLEDGING ITS CONTINUING OBLIGATION TO UPDATE THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE. SPECIFICALLY THE APPLICANT UNDERSTANDS THAT IT SHALL NOTIFY THE PVSC WITHIN THIRTY (30) DAYS OF ITS ENTERING INTO A CONTRACT OR AGREEMENT TO TRANSFER ITS CAPITAL STOCK AND/OR 50% OR MORE OF ITS ASSETS. THE APPLICANT SHALL LIKEWISE INFORM THE PVSC, ON A CONTINUING BASIS, OF ALL INDIVIDUALS OR ENTITIES OWNING 10% OR MORE OF THE CAPITAL STOCK OR ASSETS OF THE CORPORATION AND ANY INDIVIDUAL OR ENTITY ENTITLED TO RECEIVE MORE THAN 10% OF THE NET PROFITS OF THE APPLICANT.

FAILURE TO NOTIFY THE PVSC OF ANY CHANGES IN THE CORPORATE STRUCTURE, OWNERSHIP OR PLANNED TRANSFER OF OWNERSHIP WITHIN 15 DAYS OF ITS OCCURRENCE SHALL BE DEEMED A VIOLATION OF THE SEWER USE PERMIT, THE RULES AND REGULATIONS OF THE PVSC AND N.J.S.A. 58:14-1 et. seq.

### SECTION ONE

(To be completed by all applicants)

**NAME OF APPLICANT:** State the complete name of the organization applying for a SEWER USE PERMIT ("Permit"), as it appears on the certificate of incorporation, charter, by-laws, partnership agreement, trust or other official document which establishes the name of the applicant (if no such document exists, state the name the business uses):

ACTAVIS TOTOWA, LLC

Name of Applicant

**TRADE NAME:** Identify all trade names, names under which the applicant will be doing or soliciting business and/or fictitious names that the organization will utilize at the location(s) for which this Permit application is made.

NA

Trade Name/Fictitious Name



**BUSINESS ORGANIZATION:** Please check the appropriate box:

- |                          |                     |                                     |                           |
|--------------------------|---------------------|-------------------------------------|---------------------------|
| <input type="checkbox"/> | Sole Proprietorship | <input type="checkbox"/>            | Trust                     |
| <input type="checkbox"/> | Partnership         | <input type="checkbox"/>            | Joint Venture             |
| <input type="checkbox"/> | Limited Partnership | <input type="checkbox"/>            | Non-Profit Corporation    |
| <input type="checkbox"/> | Corporation         | <input checked="" type="checkbox"/> | Limited Liability Company |
| <input type="checkbox"/> | Other (describe)    |                                     |                           |

**EMERGENCY CONTACT PERSON:** In the event of an emergency, provide the name, address and telephone number of the person(s) the PVSC can contact:

Name: Rich Portuese

Street Address: 101 East Main Street

City, State & Zip Code: Little Falls, NJ 07424

Business Telephone: 973-890-1440

Emergency Telephone:

**PAST NAMES OF APPLICANT.** List **all** names under which the applicant has done business or held itself out to the public as doing business in the past. Include names of division, and "trading as," "doing business as," fictitious, or informal name.

<u>Name</u>	<u>From (Year)</u>	<u>To (Year)</u>
AMIDE PHARMACEUTICAL, INC	2001	2006
_____	_____	_____
_____	_____	_____
_____	_____	_____

**APPLICANT'S FORMER FACILITIES IN NEW JERSEY.** List all locations, including office, in the State of New Jersey at which the applicant formerly operated any aspect of its business, and any location at which such a business was owned or operated by any predecessor of the applicant, or by any owner, partner, director, officer, key employee or stockholder holding 10% or more of the applicant's equity.

<u>Address</u>	<u>Type of Facility</u>	<u>From To (years)</u>	<u>NJDEP regis. No. and or USEPA I.D.</u>
NA	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**APPLICANT'S FACILITIES IN OTHER JURISDICTIONS.** List all locations in any state, including offices, districts or territory of the United States other than New Jersey, or in any foreign country, at which the applicant is currently operating any aspect of its business.

<u>Address</u>	<u>Telephone</u>	<u>Type of facility</u>	<u>USEPA I.D. and/or any permits (nos. and name of issuing agency)</u>
NA			

## SECTION TWO

(To be completed only by Corporations and Limited Liability Companies)

**REGISTERED AGENT:** Identify the name and address of the Corporation's Registered Agent:

Name:

Company Name: United Corporate Services, Inc.

Street Address: 874 Walker Road, Suite C

City, State & Zip Code: Dover, Delaware 19904

Telephone: (800) 899-8648

**DATE AND PLACE OF INCORPORATION/FORMATION:** Identify the state where the corporation/LLC was organized and the date on which the Certificate of Incorporation/Formation was filed:

State/Country: Delaware

Date: 5/15/2006

Certificate of Incorporation No.: SRV 060455954 - 3606698

Copy of certificate of incorporation attached? ☒ Yes ☐ No

**DATE AUTHORIZED IN NEW JERSEY:** If other than a New Jersey corporation/LLC, state the date on which the corporation/LLC received a Certificate of Authority to Transact Business in New Jersey (and attach copy).

Date: 5/15/06

**OFFICERS.** List the following information as to each Officer of the corporation. Use additional copies of this section as necessary. **MEMBERS OF THE LLC ARE:**

**Name:** Divya Patel

**Telephone:** (973) 890-1440

**Business address:** 101 East Main Street, Little Falls, NJ 07424

Office  
held

Date took  
office

Date of  
birth

Member

2006

12/21/1965

**Name:** Douglas Boothe

**Telephone:** (973) 890-1440  
(area code)

**Business address:** 101 East Main Street, Little Falls, NJ 07424

Office  
held

Date took  
office

Date of  
birth

Member

2006

**DIRECTORS.** List the following information as to each Director of the corporation. Use additional copies of this section as necessary.

NA

**Name:**

**Telephone:**  
(area code)

**Business address:**

Office  
held

Date took  
office

Date of  
birth

**OFFICERS.** List the following information as to each Officer of the corporation. **Use additional copies of this section as necessary. MEMBERS OF THE LLC ARE:**

**Name:** Sigurdur Oli Olafsson

**Telephone:** (973) 890-1440

**Business address:** 101 East Main Street, Little Falls, NJ 07424

Office  
held

Date took  
office

Date of  
birth

Member

2006

**Name:** John LaRocca

**Telephone:** (973) 890-1440  
(area code)

**Business address:** 101 East Main Street, Little Falls, NJ 07424

Office  
held

Date took  
office

Date of  
birth

**DIRECTORS.** List the following information as to each Director of the corporation. **Use additional copies of this section as necessary.**

NA

**Name:**

**Telephone:**  
(area code)

**Business address:**

Office  
held

Date took  
office

Date of  
birth

**OFFICERS.** List the following information as to each Officer of the corporation. **Use additional copies of this section as necessary. MEMBERS OF THE LLC ARE:**

**Name:** Kevin Bain

**Telephone:** (973) 890-1440

**Business address:** 101 East Main Street, Little Falls, NJ 07424

Office  
held

Date took  
office

Date of  
birth

Member

2006

**Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_  
(area code)

**Business address:** \_\_\_\_\_

Office  
held

Date took  
office

Date of  
birth

**DIRECTORS.** List the following information as to each Director of the corporation. **Use additional copies of this section as necessary.**

NA

**Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_  
(area code)

**Business address:** \_\_\_\_\_

Office  
held

Date took  
office

Date of  
birth

18-B

**FORMER OFFICERS AND DIRECTORS:** List the following information as to each person who was an Officer or Director of the corporation at any time during the last 10 years and is not listed in the responses above. **Use additional copies of this section, as necessary.**

Name and last known address      NA

<u>Position held</u>	<u>From</u>	<u>To</u> (month/year)	<u>Date of birth</u>
_____	_____	_____	_____

### SECTION THREE      NA

(To be completed only by Corporations and Limited Liability Companies)

List all persons and/or entities holding a 10% or greater ownership, equity, beneficial or other interest in the Applicant along with the addresses and telephone #. **Use additional copies of this section as necessary.**

**Name:**

Street Address:

City, State & Zip Code:

Bus.Phone

**Name:**

Street Address:

City, State & Zip Code:

Bus.Phone

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

### SECTION FOUR      NA

(To be completed only by Partnerships or Joint Ventures)

Provide a copy of the partnership or joint venture agreement of applicant.

Copy attached?      \_\_\_\_ Yes      \_\_\_\_ No

**TYPE OF ASSOCIATION:** Check One

☐ General Partnership      ☐ Limited Partnership      ☐ Joint Venture

**GENERAL PARTNERS OR JOINT VENTURERS.** List the following information as to each partner or joint venturer. **Use additional copies of this section, as necessary.** If a limited partnership, list limited partners separately under the heading "limited partners."

Name:

Street Address:

City, State &amp; Zip Code:

Telephone: \_\_\_\_\_

Name:

Street Address:

City, State &amp; Zip Code:

Telephone: \_\_\_\_\_

**LIMITED PARTNERS.** List the following information as to each limited. **Use additional copies of this section as necessary.**

Name:

Street Address:

City, State &amp; Zip Code:

Telephone: \_\_\_\_\_

Name:

Street Address:

City, State &amp; Zip Code:

Telephone: \_\_\_\_\_

**FORMER PARTNERS/JOINT VENTURERS.** List the following information as to all prior partners (general and limited) and joint venturers of the applicant during the past 10 years that are not listed above. Use **additional copies of this section as necessary.**

Name:

Street Address:

City, State & Zip Code:

Telephone:

Dates during which individual was a partner: \_\_\_\_\_

Name:

Street Address:

City, State & Zip Code:

Telephone: \_\_\_\_\_ Telephone \_\_\_\_\_

Dates during which individual was a partner: \_\_\_\_\_

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

## SECTION FIVE

(This section to be completed only if the business concern is organized in a form **other than** a sole proprietorship, corporation, partnership or joint venture—such as a trust or association)

**FORM OF BUSINESS ORGANIZATION:** Describe how the business entity is organized and under what legal authority it was established.

Type (trust, trade association; estate; etc.)

Copy attached?      ☐    Yes    ☐    No



**OWNERS, OFFICERS, TRUSTEES, CONTROLLING PARTIES, ETC.** List the following information as to each person who owns, controls or is an officer or trustee of the Applicant. If any owner, officer, trustee, or controlling party listed below shall be a corporation, limited liability corporation, or partnership (general or limited liability), the Applicant shall supply the information requested in Sections Two, Three and Four as applicable. **Use additional copies of this section as necessary.**

**Name:**

Street Address:

City, State & Zip Code:

Telephone:

**Name:**

Street Address:

City, State & Zip Code:

Telephone:

## SECTION SIX

### CIVIL VIOLATIONS HISTORY

(To be completed by all applicants)

The following questions concern civil violations of environmental protection laws and regulations. In this section, the term "you" refers to the applicant identified in SECTION I, and to any of the following:

- a. Any predecessor firm, or any previous name under which the applicant operated.
- b. Subsidiaries: Any business in which the applicant holds 25% of equity or debt liability.
- c. Sister companies: Any business in which the applicant's parent company holds more than 10% of the equity or debt liability.
- d. Any corporation of which the Applicant is a subsidiary.
- e. Any Officer, Director, Partner, or Joint Venturer of the applicant, and any business concern owned or controlled by any such individual.

Provide a response in each section. Each item pertains to all of the entities and individuals listed above. If an answer is None or the item is not applicable, write "None" or "N/A". A question left unanswered will not be presumed "Not applicable" or "None" - THE FORM WILL BE DEEMED INCOMPLETE.

As used below, the term "law or regulation pertaining to protection of the environment" includes laws and regulations relating to the discharge, treatment, storage, processing, recycling or disposal of industrial waste or hazardous waste and any others relating to water and air pollution, discharge of hazardous substances and treatment of hazardous materials. It includes regulations of the Passaic Valley Sewerage Commissioners ("PVSC"), N.J. DEP, the U.S. EPA, the N.J. DOT, and the U.S. Department of Transportation.

**A. NEW JERSEY VIOLATIONS NOTICES.** List and explain all Summonses, Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, settlements, Judicial or Administrative Consent Orders, or Notices of Intent to Deny or Revoke any license or permit, or similar notices, issued to you within the past 10 years by the PVSC, New Jersey Department of Environmental Protection (DEP) or United States Environmental Protection Agency. **Attach additional sheets if necessary.**

Name of entity cited: Amide Pharmaceuticals

Date 5/25/06  
Issued: \_\_\_\_\_

Address of alleged violation: 4 Taft Road, Totowa, NJ

Alleged violation: Mercury exceedence in wastewater

Type of notice: NOV

Disposition & explanation:

Letter of explanation written to PVSC. Hg thermometers removed. Paid \$1000.00 fine

Name of issuing agency: PVSC

Docket No.: \_\_\_\_\_

**B. FEDERAL VIOLATION NOTICES.** List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, or similar notices issued to you within the past 10 years by the U.S. Environmental Protection Agency or U.S. Department of Transportation for any alleged violation of any federal law or regulation pertaining to protection of the environment. **Use additional copies of this section as necessary.**

Name of entity cited: N/A

Date  
Issued: \_\_\_\_\_

Address of alleged violation: \_\_\_\_\_

Alleged violation: \_\_\_\_\_

Type of notice: \_\_\_\_\_

Disposition & explanation: \_\_\_\_\_

Name of issuing agency: \_\_\_\_\_

Docket no.: \_\_\_\_\_

**A. NEW JERSEY VIOLATIONS NOTICES.** List and explain all Summonses, Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, settlements, Judicial or Administrative Consent Orders, or Notices of Intent to Deny or Revoke any license or permit, or similar notices, issued to you within the past 10 years by the PVSC, New Jersey Department of Environmental Protection (DEP) or United States Environmental Protection Agency. **Attach additional sheets if necessary.**

Name of entity cited: Amide Pharmaceutical, Inc.

Date Issued: Sept 2002

Address of alleged violation: 101 East Main Street, Little Falls, NJ

Alleged violation: Boiler operation w/out air permit Type of notice: NOV

Disposition & explanation: Applied for and received air permit from NJDEP

Name of issuing agency: NJDEP Docket No.: \_\_\_\_\_

**B. FEDERAL VIOLATION NOTICES.** List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, or similar notices issued to you within the past 10 years by the U.S. Environmental Protection Agency or U.S. Department of Transportation for any alleged violation of any federal law or regulation pertaining to protection of the environment. **Use additional copies of this section as necessary.**

Name of entity cited: N/A

Date Issued: \_\_\_\_\_

Address of alleged violation: \_\_\_\_\_

Alleged violation: \_\_\_\_\_ Type of notice: \_\_\_\_\_

Disposition & explanation: \_\_\_\_\_

Name of issuing agency: \_\_\_\_\_ Docket no.: \_\_\_\_\_

**A. NEW JERSEY VIOLATIONS NOTICES.** List and explain all Summonses, Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, settlements, Judicial or Administrative Consent Orders, or Notices of Intent to Deny or Revoke any license or permit, or similar notices, issued to you within the past 10 years by the PVSC, New Jersey Department of Environmental Protection (DEP) or United States Environmental Protection Agency. **Attach additional sheets if necessary.**

Name of Amide Pharmaceutical Date 6/13/03  
entity cited: \_\_\_\_\_ Issued: \_\_\_\_\_

Address of 101 East Main Street, Little Falls, NJ 07424  
alleged violation: \_\_\_\_\_

Alleged violation: Zinc exceedence in wastewater Type of  
notice: NOV

Disposition & explanation:  
Settlement conference; Amide paid fine to PVSC  
\_\_\_\_\_

Name of issuing agency: PVSC Docket No.: \_\_\_\_\_

**B. FEDERAL VIOLATION NOTICES.** List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, or similar notices issued to you within the past 10 years by the U.S. Environmental Protection Agency or U.S. Department of Transportation for any alleged violation of any federal law or regulation pertaining to protection of the environment. **Use additional copies of this section as necessary.**

Name of N/A Date  
entity cited: \_\_\_\_\_ Issued: \_\_\_\_\_

Address of  
alleged violation: \_\_\_\_\_

Alleged violation: \_\_\_\_\_ Type of  
notice: \_\_\_\_\_

Disposition &  
explanation: \_\_\_\_\_  
\_\_\_\_\_

Name of issuing agency: \_\_\_\_\_ Docket no.: \_\_\_\_\_

**A. NEW JERSEY VIOLATIONS NOTICES.** List and explain all Summonses, Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, settlements, Judicial or Administrative Consent Orders, or Notices of Intent to Deny or Revoke any license or permit, or similar notices, issued to you within the past 10 years by the PVSC, New Jersey Department of Environmental Protection (DEP) or United States Environmental Protection Agency. **Attach additional sheets if necessary.**

Name of entity cited: Amide Pharmaceutical, Inc.

Date 6/15/04  
Issued: \_\_\_\_\_

Address of alleged violation: 101 East Main Street, Little Falls, NJ

Alleged violation: Zinc exceedence in wastewater Type of notice: NOV

Disposition & explanation: Letter to PVSC; review material handling practices

Name of issuing agency: PVSC Docket No.: \_\_\_\_\_

**B. FEDERAL VIOLATION NOTICES.** List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, or similar notices issued to you within the past 10 years by the U.S. Environmental Protection Agency or U.S. Department of Transportation for any alleged violation of any federal law or regulation pertaining to protection of the environment. **Use additional copies of this section as necessary.**

Name of entity cited: N/A Date Issued: \_\_\_\_\_

Address of alleged violation: \_\_\_\_\_

Alleged violation: \_\_\_\_\_ Type of notice: \_\_\_\_\_

Disposition & explanation: \_\_\_\_\_

Name of issuing agency: \_\_\_\_\_ Docket no.: \_\_\_\_\_

23-C

**A. NEW JERSEY VIOLATIONS NOTICES.** List and explain all Summonses, Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, settlements, Judicial or Administrative Consent Orders, or Notices of Intent to Deny or Revoke any license or permit, or similar notices, issued to you within the past 10 years by the PVSC, New Jersey Department of Environmental Protection (DEP) or United States Environmental Protection Agency. **Attach additional sheets if necessary.**

Name of entity cited: Amide Pharmaceutical, Inc.

Date 5/25/06  
Issued: \_\_\_\_\_

Address of alleged violation: 101 East Main Street, Little Falls, NJ

Alleged violation: Acetone exceedence in wastewater

Type of notice: NOV

Disposition & explanation: Letter to PVSC; review operations

Name of issuing agency: PVSC

Docket No.: \_\_\_\_\_

**B. FEDERAL VIOLATION NOTICES.** List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, or similar notices issued to you within the past 10 years by the U.S. Environmental Protection Agency or U.S. Department of Transportation for any alleged violation of any federal law or regulation pertaining to protection of the environment. **Use additional copies of this section as necessary.**

Name of entity cited: N/A

Date Issued: \_\_\_\_\_

Address of alleged violation: \_\_\_\_\_

Alleged violation: \_\_\_\_\_

Type of notice: \_\_\_\_\_

Disposition & explanation: \_\_\_\_\_

Name of issuing agency: \_\_\_\_\_

Docket no.: \_\_\_\_\_

23-D

**C. NEW JERSEY MUNICIPALITIES AND COUNTIES.** List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summonses, civil Complaints, Citations of any kind, and Notices of intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any municipality or county in the State of New Jersey, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. **Use additional copies of this section as necessary.**

Name of entity cited: N/A Date Issued: \_\_\_\_\_

Address of alleged violation: \_\_\_\_\_

Alleged violation: \_\_\_\_\_ Type of notice: \_\_\_\_\_

Disposition & explanation: \_\_\_\_\_

Name of issuing agency: \_\_\_\_\_ Docket no.: \_\_\_\_\_

**D. OTHER STATES AND FOREIGN COUNTRIES.** List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summons, Civil Complaints, Citations of any kind, and Notices of Intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any state other than the State of New Jersey or by any foreign country, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. **Use additional copies of this section as necessary.**

Name of entity cited: N/A Date Issued: \_\_\_\_\_

Address of alleged violation: \_\_\_\_\_

Alleged violation: \_\_\_\_\_ Type of notice: \_\_\_\_\_

Disposition & explanation: \_\_\_\_\_

Name of issuing agency: \_\_\_\_\_ Docket no.: \_\_\_\_\_

**SECTION SEVEN****OTHER CIVIL COURT JUDGMENTS AND PENDING LITIGATION**

(To be completed by all applicants)

**A. OTHER JUDGMENTS.** List and explain all judgments of liability in excess of \$25,000 rendered against the applicant in the past 10 years, starting with the most recent. **Use additional copies of this section as necessary.**

**Title of case:** N/A **Docket No.:** \_\_\_\_\_

**Name & location of court:** \_\_\_\_\_ **Date judgment entered:** \_\_\_\_\_

**Nature of suit:** \_\_\_\_\_ **Amt./terms of judgment:** \_\_\_\_\_

**B. PENDING SUITS.** List and explain all civil suits in which the applicant is presently involved as a party plaintiff or defendant. Include matters involving resolution before arbitration boards. **Use additional copies of this section as necessary.**

**Title of case:** \_\_\_\_\_ **Docket No.:** \_\_\_\_\_

**Name & location of court:** \_\_\_\_\_ **Date Filed:** \_\_\_\_\_

**Nature of suit:** \_\_\_\_\_ **Status:** \_\_\_\_\_



**SECTION EIGHT****CRIMINAL CHARGES AND CONVICTIONS**      **N/A**

(To be completed by all applicants)

List all indictments, accusations, summonses, complaints, and information against the applicant for any crime, felony, misdemeanor, disorderly persons offense, petty disorderly persons offense or criminal violation.

**NOTE:** You need not list convictions for any violation of Title 39 of the Revised Statutes (N.J.S.A.) or comparable motor vehicle offenses in jurisdictions other than New Jersey. Death by Auto or Vehicular Homicide is considered a criminal offense and must be listed under this item.

List convictions first. **Use additional copies of this page as necessary.**

**Name of entity  
charged/convicted:** \_\_\_\_\_

Description of  
crime/offense charged: \_\_\_\_\_

Date  
Charged: \_\_\_\_\_

Jurisdiction  
Where Charged: \_\_\_\_\_

Indictment information,  
Complaint No., indictment No. etc., \_\_\_\_\_

Disposition (if applicable,  
sentence imposed): \_\_\_\_\_

**CERTIFICATION**

(All applicants must sign and date the following certification)

I hereby certify the answers supplied in the foregoing SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE are true. I am aware that if any of the foregoing responses are willfully false, I am subject to punishment.

Dated: *March 9, 2007*

  
\_\_\_\_\_  
Signature

Divya Patel, Partner, Actavis Totowa, LLC

\_\_\_\_\_  
Print Name & Position

**PASSAIC VALLEY SEWERAGE COMMISSIONERS  
APPLICATION FOR A SEWER USE PERMIT**

**SECTION A**

1. Company Name: ACTAVIS TOTOWA, LLC.
2. Permit Number if applicable: NA
3. Location: 990 RIVERVIEW DRIVE, TOTOWA NJ 07512  
Zip Code: \_\_\_\_\_
4. Mailing Address: SAME  
Zip Code: \_\_\_\_\_
5. Person to contact concerning information provided in this application:  
Name of Contact Official: RICHARD PORTUESE  
Title: EHS MANAGER Phone No.: 973-890-1440 (x 3088)  
Address: SAME Zip code: \_\_\_\_\_
6. Number of Employees – Full Time: 200 Part Time: 0  
Number of Work Days Per Year: 300  
Number of Shifts Per Day: 1 - 2
7. If property is owned indicate block and lot number(s): N/A  
Assessed Value: N/A
8. If property is rented indicate name and address of owner: 990 Riverview Drive LLC  
P.O. Box 287, Totowa, NJ 07512

THIS CHECK IS VOID WITHOUT A BLUE & GREEN BACKGROUND AND AN ARTIFICIAL WATERMARK ON THE BACK - HOLD AT AN ANGLE TO VIEW

**ACTAVIS TOTOWA LLC**

101 EAST MAIN STREET  
LITTLE FALLS, NEW JERSEY 07424

NO 015578

Seven Hundred Fifty And No/100 Dollars

55-33/212 NJ			
Bank of America			
208 Harristown Road			
Glen Rock NJ 07452			
CHECK NUMBER	MO.	DAY	YEAR
015578	02	02	07

\$\*\*\*\*\*750.00

PAY TO THE ORDER OF **PASSAIC VALLEY SEWERAGE COMMISSIONERS**  
NEWARK NJ 07102

600 WILSON AVE

*William*  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
AUTHORIZED SIGNATURE

BORDER CONTAINS MICROPRINTING

⑈015578⑈ ⑆021200339⑆ 9420179618⑈



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Passaic Valley  
Sewerage Commissioners

~Established 1902~

THOMAS J. POWELL  
Chairman

CARL S. CZAPLICKI, JR.  
Vice Chairman

FRANK J. CALANDRIELLO  
WILLIAM F. FLYNN  
ALAN C. LEVINE  
ANTHONY J. LUNA  
ANGELINA M. PASERCHIA  
KENNETH R. PENGITORE  
Commissioners

600 WILSON AVENUE  
NEWARK, NJ 07105  
(973) 344-1800  
Fax: (973) 344-2951  
www.pvsc.com

BRYAN J. CHRISTIANSEN  
Executive Director

JAMES KRONE  
Deputy Executive Director

JOSEPH FERRIERO  
Chief Counsel

ANTHONY W. ARDIS  
Clerk

# RECEIPT

Received From Octavio Lopez

Customer ID# 32200013 Check # 015578

Amount of Payment 750.00 Date of Payment 2/2/07

A/ Violation (VIO) – Effluent \_\_\_\_\_ \$ \_\_\_\_\_

B/ Violation (VIO) – Late Report \_\_\_\_\_ \$ \_\_\_\_\_

C/ Civil Actions (LEGAL) \_\_\_\_\_ \$ \_\_\_\_\_

D/ Application Fee (AF) Renewal \$ 750.00

E/ Letter of Authorization Fee (LOA) \_\_\_\_\_ \$ \_\_\_\_\_

F/ Permit Fee (PF) \_\_\_\_\_ \$ \_\_\_\_\_

G/ CID Treatment Fee (CID) \_\_\_\_\_ \$ \_\_\_\_\_

H/ Supplemental User Charge Fee (SUC) \_\_\_\_\_ \$ \_\_\_\_\_

I/ One Time Groundwater Discharge (GWD) \_\_\_\_\_ \$ \_\_\_\_\_

J/ Other (FEES) \_\_\_\_\_ \$ \_\_\_\_\_

Payment received by:

Signature Heather Card

Amount 750.00 Date 3/22/07

THIS CHECK IS VOID WITHOUT A BLUE & GREEN BACKGROUND AND AN ARTIFICIAL WATERMARK ON THE BACK - HOLD AT AN ANGLE TO VIEW

NO 015578

ACTAVIS TOTOWA LLC  
101 EAST MAIN STREET  
LITTLE FALLS, NEW JERSEY 07424

Seven Hundred Fifty And No/100 Dollars

PAY TO THE ORDER OF: PASSAIC VALLEY SEWERAGE COMMISSIONERS  
600 WILSON AVE  
NEWARK NJ 07102

Bank of America  
208 Harristown Road  
Glen Rock NJ 07452

CHECK NUMBER 015578 MO. 02 DAY 02 YEAR 07

\$\*\*\*\*\*750.00

*William Wilson*  
AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

BORDER CONTAINS MICROPRINTING

⑈015578⑈ ⑆021200339⑆ 9420179618⑈